		PATENT A	CORD	Application or Docket Number												
		Effective October 1, 2003									1.0018004					
		CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE O				OTHER THAN R SMALL ENTITY		
1	то	TAL CLAIMS		6				$\Box$	RAT	Έ	FEE	] [	RATE	FEE		
	FO	R		NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00		
	TO	TAL CHARGEA	6 minus 20=		•			XS 9	)= 		OR	X\$18=				
	IND	EPENDENT CL	= E eunim		•			X43	) <u>=</u>		OR	X86=				
	MU	LTIPLE DEPEN	RESENT					+14			OR	+290=				
ľ	• H	the difference	less than zo	ero, enter	*O* in c	olumn 2		TOT		78~	OR	TOTAL				
I		CLAIMS AS AMENDED - PART II								- 1		10	OTHER	THAN		
			(Column 1)	(Column 2) (Column 3)				13)	SMA	LLE	NTITY	OR	SMALL			
	NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER DUSLY	PRESEN EXTRA		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	<b>AMENDMENT</b>	Total	.6	Minus	-67	70	0		XS 9	)=		OR	X\$18=			
٠		Independent	•	Minus	*** 2	5	20	4	X43	<u>=</u>		OR	X86=			
ı	4	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM			+145	5=		OR	+290=			
ı										TAL	1	OR	TOTAL ADDIT, FEE			
ı		6-23-05	(Column 1)		(Column 2) (Column 3)				ADDIT.	fee (		1	AUUH. PEEI			
	8		CLAMS REMAINING AFTER AMENDMENT		MIGHEST NUMBER PRESENT PREVIOUSLY EXTRA PAID FOR			4	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	MOZ	Total	• 4	Minus	** 3	. 0	c	$\angle$	XS 9	)=		OR	X\$18=			
	AMENDMENT	Independent	• 1	Minus	***	<u> </u>	= /		X43		/	ОЯ	X86=			
		FIRST PRESE	NTATION OF MI	JITIPLE DEPENDENT CLAIF			7		+145	; <u> </u>		OR	+290=			
۱		(Column 1) (Column 2) (Column 3)								TAL PEE	/	OR	TOTAL			
ı										ree •			ADDII. 1 CC.			
	AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESE		RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
		Total	•	Minus	•••		•		X\$ 8	)=		OR	X\$18=			
		Independent	•	Minus	***		2		X43	_		OR	X86=			
		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145			OR	+290=			
	• 1	If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TAL	•	OR	TOTAL			
	***	if the "Hinhast Ahr	mber Previously Pr mber Previously Pa mber Previously Pa	RIN FOR IN TH	IS SPACE	ic lass: Cu	m 3. enter	<b>.2</b> .	ADDIT. ( und in th		ropriate bo		ADDIT, FEE Lumn 1.			